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7590

06/22/2004

Alan D. Kirsch
 Bechtel BWXT Idaho, LLC
 P. O. Box 1625
 Idaho Falls, ID 83415-3899

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Mandy Landon	(Depositor's name)
Mandy Landon	(Signature)
9/22/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/991,331

11/14/2001

Brady D. Lee

B-014

3498

TITLE OF INVENTION: WELL CONSTRUCTIONS WITH INHIBITED MICROBIAL GROWTH AND METHODS OF ANTIMICROBIAL TREATMENT IN WELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/22/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KRECK, JOHN J	3673	166-246000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Wells St. John PC

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Bechtel BWXT Idaho, LLC

Idaho Falls, Idaho

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ Corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0565 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Mandy Landon 9/22/04
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09/28/2004 FFANAIA3 00000004 050565 09991331

01 FC:1501

1330.00 DA

02 FC:1504

300.00 DA

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